

READY PAYMENT INPUT FORM

Department/Organization Name



The Commonwealth of Massachusetts
Office of the Comptroller

Revised: 6/20/95

Document ID							
Trans RP	Dept	R/Org	Number	RP Date	Acctg Prd	Bud FY	Action: Entry (E) Modify (M)
Sch Pay Date	Off Liab Acct	VENDOR'S CERTIFICATION I certify that the goods were shipped or the service rendered as set forth below (Please				Vendor Code	Document Total

Reference Document ID													
LN	Trans	Dept	Org	Number	LN	Dept	Approp	Sub	Org/Sb	Obj/Sb	Prog	Ty	Prj/CI/GRC
Actv	Rptg	Vendor Invoice Number				Description							
VI Amount		Dates of Service				Quantity	Line Amount		I/D	P/F			
		To											

Reference Document ID													
LN	Trans	Dept	Org	Number	LN	Dept	Approp	Sub	Org/Sb	Obj/Sb	Prog	Ty	Prj/CI/GRC
Actv	Rptg	Vendor Invoice Number				Description							
VI Amount		Dates of Service				Quantity	Line Amount		I/D	P/F			
		To											

Prepared By: _____ Title: _____ Date: _____

Entered By: _____ Title: _____ Date: _____ Page _____ of _____

The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws and regulations.

Approved By: _____ Title: _____ Date: _____ Phone #: _____